

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

PHARMAVITE LLC POLITICAL ACTION COMMITTEE (PHARMAVITE PAC)

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF BARBARA BOXER

Mailing Address PO BOX 641751

City
LOS ANGELES

State
CA

Zip Code
90064

Purpose of Disbursement
Contribution

Candidate Name
BARBARA BOXER

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 00

Transaction ID: SB23.5099

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF LOIS CAPPS

Mailing Address PO Box 23940

City
Santa Barbara

State
CA

Zip Code
93121

Purpose of Disbursement
Contribution

Candidate Name
LOIS G CAPPS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: SB23.5100

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

MARY BONO MACK COMMITTEE

Mailing Address PO Box 3370

City
Palm Springs

State
CA

Zip Code
92263

Purpose of Disbursement
Contribution

Candidate Name
MARY BONO MACK

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 45

Transaction ID: SB23.5101

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶